Evidence for change of date of birth shown on Film G135 9/11/51 dm.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

08444

Reg. Dist. No. 355

1. PLACE OF DEATH — COUNTY: Worcester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Berlin / Rural — LENGTH OF STAY (In this place): In transit
HOSPITAL OR INSTITUTION OR STREET ADDRESS: State Road Rout #5

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore - 24
STREET ADDRESS (If rural, give location): 6616 Danville Ave

3. NAME OF DECEASED (Type or Print): Anna (First) L. (Middle) Bley (Last)
4. DATE OF DEATH: Aug (Month) 30 (Day) 1951 (Year)
5. SEX: F
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: June 5 - 1901
9. AGE last birthday: 60 50 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Secretary
10b. KIND OF BUSINESS OR INDUSTRY: Victory Mayonnaise Mfg Co
11. BIRTHPLACE (State or foreign country): Baltimore Md
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Harry Hanson
14. MOTHER'S MAIDEN NAME: Laura Wapman
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 214-12-4917
17. INFORMANT AND ADDRESS: Charles Punnerty - 3507 E. Lombard St. Balto. Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a): Wounds of Heart — 1/2 hours

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b): Due to Fractured ribs penetrating several fractures of extremities & dislocations

(c): Result of Head-on auto collision

816.5 1700

11. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: State Highway Rout 50 — (CITY OR TOWN): 1/2 miles of Berlin — (COUNTY): Worcester — (STATE): Md
TIME OF INJURY (Month) (Day) (Year) (Hour) Aug 30 1951 3:20 p.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Head on Auto Collision

22. *I certify that I took charge of the remains described above, held an Autopsy ☒ Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Dr N. E. Sartorius (Degree or title) Dep Med Exam — ADDRESS: Pocomoke City Md — DATE SIGNED: 8/30/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 9/4/51 — NAME OF CEMETERY OR CREMATORY: Oak Lawn — LOCATION (City, town, or county): Baltimore — (State): Md

DATE REC'D BY LOCAL REG.: 9-1-51 — REGISTRAR'S SIGNATURE: Helen F. Hayward — 24. FUNERAL DIRECTOR: Anna A. Burbage — ADDRESS: Berlin Md

350426

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16A

RECEIVED
SEP 5 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08445

CERTIFICATE OF DEATH

Reg. Dist. No. 355

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Worcester; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin; MARYLAND; LENGTH OF STAY (in this place) all life; HOSPITAL OR INSTITUTION OR STREET ADDRESS Branch Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Worcester; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin; STREET ADDRESS (If rural, give location) Branch

3. NAME OF DECEASED (Type or Print): (First) Ouida; (Middle) Hester; (Last) Brittingham

4. DATE OF DEATH: (Month) 8; (Day) 31; (Year) 1951

5. SEX: Female

6. COLOR OR RACE: a a

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: 3-28-1884

9. AGE last birthday: 67 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Berlin, Worcester Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: John A. Fassett

14. MOTHER'S MAIDEN NAME: Clara Henry

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no. (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Robinson Brittingham, Berlin, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Aneurysm

334X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension

83a (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-15-, 19~~49~~ to 8-31-, 1951, that I last saw the deceased alive on 8-31-, 1951, and that death occurred at 2 30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Clifford E. Schick M.D. Berlin Md

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 9-4-51 | NAME OF CEMETERY OR CREMATORY: Evergreen Cemetery | LOCATION (City, town, or county) (State): Berlin, Worcester Co. Md.

DATE REC'D BY LOCAL REG.: 9-4-51 | REGISTRAR'S SIGNATURE: Helen F. Hayward | 24. FUNERAL DIRECTOR ADDRESS: James B. Dashiell, Salisbury, Md

RECEIVED
SEP 6 1951
BUREAU V. S.

Item 18 Film G135 9-19-51 ams

08446

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 355

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin
STREET ADDRESS (If rural, give location) Cornell Camp

3. NAME OF DECEASED (Type or Print) (First) Clyde (Middle) ~~Bull~~ (Last) Bull Jr.
4. DATE OF DEATH (Month) Aug (Day) 29 (Year) 1951
5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH Feb. 4 1951
9. AGE last birthday 0 yrs. If under 1 year Months 6 Days 25 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Exmore Va
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Clyde Bull Sr.
14. MOTHER'S MAIDEN NAME Sarah Sturgis
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Clyde Bull Sr. Berlin Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Meningitis, Acute. Cerebrospinal. (9-19-51 ams) — INTERVAL BETWEEN ONSET AND DEATH 4 hours

057.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

6 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 5:30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ~~ADDRESS~~ DATE SIGNED
Seamanle Rubber M.D. Dep. Med. Exam Berlin Md. 8/31/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 8/31/51
NAME OF CEMETERY OR CREMATORY Germantown
LOCATION (City, town, or county) (State) Berlin Md

DATE REC'D BY LOCAL REG. 8/31/51
REGISTRAR'S SIGNATURE Helen F Hayward
24. FUNERAL DIRECTOR Anna A Burbage ADDRESS Berlin Md

9V204199V99V

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 6 1951
BUREAU V. S.

items 3, 13: Film G135 9-14-51 L

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

08447

Reg. Dist. No. 350

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ocean at Ocean City
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 4408 Illinois Ave. N.W.

3. NAME OF DECEASED (Type or Print) (First) John (Middle) H. D. (Last) Himbaugh HIMBAUGH
4. DATE OF DEATH (Month) Aug (Day) 26th (Year) 1951

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH June 13-1907
9. AGE last birthday 44 yrs. If under 1 year: Months | Days; If under 24 hrs: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Rate Analyst
10b. KIND OF BUSINESS OR INDUSTRY Gov. Service
11. BIRTHPLACE (State or foreign country) Lebanon, Indiana
12. CITIZEN OF WHAT COUNTRY? US a

13. FATHER'S NAME M. V. George O.C. HIMEBAUGH (adopting parent)
14. MOTHER'S MAIDEN NAME Blanch Van Ausdale

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No. none
17. INFORMANT AND ADDRESS Wife of deceased Mrs Himbaugh

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Probably Coronary disease — Few minutes

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (7)

94a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bathing in Ocean — Diving through waves

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Ocean Atlantic
(CITY OR TOWN) Ocean City (COUNTY) Worcester (STATE) Md
TIME OF INJURY (Month) Aug (Day) 26th (Year) (Hour) 5:15 m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Collapsed suddenly and was rescued from Sea

22. *I certify that I took charge of the remains described above, held an Autopsy ☑, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Dr N. E. Tartarius Def Med Exam (Degree or title) ADDRESS Pocomoke City Md DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 8/30/51
NAME OF CEMETERY OR CREMATORY Mt. Olivet
LOCATION (City, town, or county) Washington (State) D.C.

DATE REC'D BY LOCAL REG. Aug 29 1951
REGISTRAR'S SIGNATURE Helen F Hayward
24. FUNERAL DIRECTOR Anna A. Benbaugh ADDRESS Berlin Md

No report on Autopsy as yet

007916

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
SEP 4 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08448

CERTIFICATE OF DEATH

Reg. Dist. No. 350

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke, Md. | LENGTH OF STAY (in this place) 2 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS RFD #2

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke Md
STREET ADDRESS (If rural give location) Box 2

3. NAME OF DECEASED (Type or Print): (First) Frances (Middle) Moore (Last) Jones

4. DATE OF DEATH: (Month) Aug. (Day) 22 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: Aug 6, 1903

9. AGE last birthday: 48 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm work

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Lloyd Moore

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): —
(If year, give war or dates of service): —

16. SOCIAL SECURITY NO.: —

17. INFORMANT: James Jones

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Hemorrage	6 weeks
Antecedent cause(s)	(b) Essential Hypertension	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

331X
83a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): no

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Pocomoke, Md - Worcester (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? Natural Death

22. I hereby certify that I attended the deceased from 8/1/51, 19....., to 8/22/51, 19....., that I last saw the deceased alive on 8/15/51, 19....., and that death occurred at 8:15 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Irvine M. Bradford, Md 801-4th St Pocomoke, Md 8/22/51

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE: Aug. 26/51 | NAME OF CEMETERY OR CREMATORY: White Cemetery | LOCATION (City, town, or county): Keller, (State) Va.

DATE REC'D BY LOCAL REG.: Aug. 25, 1951 | REGISTRAR'S SIGNATURE: Anne E. White

24. FUNERAL DIRECTOR: Edgar Wharton ADDRESS: Mew Church Va

100105

VS. A15

RECEIVED
AUG 27 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

08449

Reg. Dist. No. 355

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin, RFD #2
LENGTH OF STAY (in this place) Few hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Highway # 113 - Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Q.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Centerville
STREET ADDRESS — (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Harry (Middle) A (Last) Jump
4. DATE OF DEATH (Month) August (Day) 18 (Year) 1951
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 1916
9. AGE last birthday 35 yrs. If under 1 year Months Days If under 24 hrs Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Painter & Farm Hand
11. BIRTHPLACE (State or foreign country) Centerville Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Harry M. Jump
14. MOTHER'S MAIDEN NAME Elma May Canter
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. 16-219-07-7102
17. INFORMANT AND ADDRESS Harry M. Jump Centerville Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Fracture of base of Scull & Cervical Spine 10 min

812.5 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Accidental c̄ multiple Abrasions

170C (c) & Contusions - Shock.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Highway #113 Md (CITY OR TOWN) Berlin RFD #2 (COUNTY) Worcester (STATE) Maryland
TIME OF INJURY (Month) Aug. (Day) 18 (Year) 51 (Hour) 2:21 a.m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Hits and Run accident

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☑, undetermined ☐.*

SIGNATURE Hermanle Robbins (Degree or title) Md
ADDRESS Berlin, Md
DATE SIGNED 20 Aug 51
Hyp Med Exam. Worcester Co

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 8/21/51
NAME OF CEMETERY OR CREMATORY Chesterville
LOCATION (City, town, or county) Centerville (State) Md

DATE REC'D BY LOCAL REG. 8/20/51
REGISTRAR'S SIGNATURE Helen F Hayward
24. FUNERAL DIRECTOR Anna A Bunbay ADDRESS Berlin Md

820105

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

V.S. A15A

RECEIVED
AUG 21 1951
BURELL V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

08450

Reg. Dist. No. 355

1. PLACE OF DEATH: COUNTY Worcester | MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ocean City (Rural) | LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS In transit by

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md | Worcester County
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ocean City
STREET ADDRESS 218 Somerset St (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Leroy (Middle) (Last) Stedman
4. DATE OF DEATH: (Month) Aug (Day) 27 (Year) 51

5. SEX: M | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) | 8. DATE OF BIRTH: Mch 13 1910 | 9. AGE last birthday: 41 yrs. | If under 1 year: Months | Days | If under 2 days: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Lowe tender | 10b. KIND OF BUSINESS OR INDUSTRY: Oyster Wrk | 11. BIRTHPLACE (State or foreign country): Chincoteague Va | 12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Wm Stedman | 14. MOTHER'S MAIDEN NAME: Annie Truitt from Chincoteague Va

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. 169-12-9296 | 17. INFORMANT AND ADDRESS: Kenneth Janneney Salisbury Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Drowning - accidental | Few minutes

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Tripped over a boat seat (small boat) Deceased motor was was Speeding
(c)

E50.8

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Deceased co-habit Swimmer

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Impoundment Bay | (CITY OR TOWN) 9 miles Ocean City | (COUNTY) Worcester | (STATE) Md

TIME OF INJURY (Month) (Day) (Year) (Hour) Aug 27 1951 p.m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
Chas. L. Santoro Dep Med Exm | Ocean City Md | 8/31/51

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 9/1/51 | NAME OF CEMETERY OR CREMATORY Evergreen | LOCATION (City, town, or county) Berlin | (State) Md

DATE REC'D BY LOCAL REG. 9-1-51 | REGISTRAR'S SIGNATURE Helen F. Hayward | 24. FUNERAL DIRECTOR Emma D Burbage | ADDRESS Berlin Md.

50-4246

VS. A15A

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
SEP 5 1901
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08451

CERTIFICATE OF DEATH

Reg. Dist. No. 355

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin
LENGTH OF STAY (in this place) 80 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin
STREET ADDRESS (If rural, give location) R L D #2

3. NAME OF DECEASED (Type or Print) (First) Charles (Middle) Wilbur (Last) Townsend
4. DATE OF DEATH (Month) Aug. (Day) 23 (Year) 1951
5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH April 15 (?)
9. AGE last birthday 89 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Section Boss
10b. KIND OF BUSINESS OR INDUSTRY Am. R.R.
11. BIRTHPLACE (State or foreign country) Berlin Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Edward Townsend
14. MOTHER'S MAIDEN NAME Catherine Vickers.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. No.
17. INFORMANT AND ADDRESS Mr. Herman Turner Berlin Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Chron. Degenerative Myocarditis c̄ Anasarca	3 yrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) sec to Atherosclerotic Heart Disease	10 yrs
	(c) Chronic Hypertrophy of Prostate c̄ Cystitis	3 yrs

420.0
93d

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. unito - pyelitis - chron. Senile Dementia

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1947, to 23rd Aug, 1951, that I last saw the deceased alive on 23rd Aug, 1951, and that death occurred at 3 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Bernard Robbins Md 8 Day St. Berlin Md

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 8/25/51
NAME OF CEMETERY OR CREMATORY Evergreen
LOCATION (City, town, or county) Berlin (State) Md
DATE REC'D BY LOCAL REG. 8/25/51
REGISTRAR'S SIGNATURE Helen F Hayward
24. FUNERAL DIRECTOR Anna A. Bunbage ADDRESS Berlin Md

523506

RECEIVED
AUG 29 1951
BUREAU V. S.

08452

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 3 5 5

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Worcester; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ocean City; MARYLAND; LENGTH OF STAY (in this place) 50 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Worcester; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ocean City; STREET ADDRESS (If rural, give location) St. Louis Ave.

3. NAME OF DECEASED (Type or Print): (First) Andrew (Middle) — (Last) Truitt

4. DATE OF DEATH: (Month) Aug. (Day) 15 (Year) 1951

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Write): married

8. DATE OF BIRTH: Mar 5, 1876

9. AGE last birthday: 75 yrs.; If under 1 year: Months — Days —; If under 24 hrs.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Policeman

10b. KIND OF BUSINESS OR INDUSTRY: Farm.

11. BIRTHPLACE (State or foreign country): Bayside Del.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Collins Truitt

14. MOTHER'S MAIDEN NAME: Scott.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service) —

16. SOCIAL SECURITY NO. No.

17. INFORMANT AND ADDRESS: Mrs. Andrew Truitt Ocean City Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of prostate — Interval Between Onset and Death: 3 yrs.

177X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

518 (c) —

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jul, 1948, to 15 Aug, 1951, that I last saw the deceased alive on 14 Aug, 1951, and that death occurred at 5:55A m., from the causes and on the date stated above.

SIGNATURE: Nathaniel R. Timmons (Degree or title) MD ADDRESS Ocean City, Md DATE SIGNED 18 Aug 51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 8/18/51 — NAME OF CEMETERY OR CREMATORY Evergreen — LOCATION (City, town, or county) Berlin (State) Md

DATE REC'D BY LOCAL REG. 8/18/51 — REGISTRAR'S SIGNATURE Helen F Hayward — 24. FUNERAL DIRECTOR Anna R. Bunting ADDRESS Berlin Md

773956

RECEIVED
MAR 21 1951
BUREAU V. S.

08453

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 354

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Girdletree Md.
STREET ADDRESS (If rural, give location) Girdletree, Md.

3. NAME OF DECEASED (Type or Print) (First) Levi (Middle) (Last) Watts
4. DATE OF DEATH (Month) (Day) (Year) Aug. 9, 1951 19

5. SEX Male
6. COLOR OR RACE Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Oct. 8, 1876
9. AGE last birthday 75 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Farm
11. BIRTHPLACE (State or foreign country) Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Abbott Watts
14. MOTHER'S MAIDEN NAME Mysura Ewell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. —
17. INFORMANT AND ADDRESS Winnie Blake - Gildletree, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Arteriosclerotic Hypertensive Cardio-vascular	
450.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Renal disease	unknown
97	(c) Gangrene, arteriosclerotic both feet	3 mo

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION July 1951
19b. MAJOR FINDINGS OF OPERATION Gangrene arteriosclerotic both feet
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/1/51, 19....., to 8/9/51, 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 7:20 A.M., from the causes and on the date stated above.

SIGNATURE Paul Cohen (Degree or title) Md ADDRESS Snow Hill Md DATE SIGNED 8/10/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Aug. 12, 1951
NAME OF CEMETERY OR CREMATORY R.B. Wharton Memorial
LOCATION (City, town, or county) Parksley (State) Va.

DATE REC'D BY LOCAL REG. Aug 14, 1951
REGISTRAR'S SIGNATURE Mary M. Taylor
24. FUNERAL DIRECTOR Edgar K. Wharton ADDRESS New Church Va.

820105

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
AUG 16 1951
BUREAU V. S.